TRANSMITTAL SHEET FOR

NOTICE OF INTENDED ACTION

Control <u>580</u>	Departme	ent or Agency	<u>Alaba</u>	ma Departme	nt of Mental Health
Rule No. 5	80-5-33				
					ements for Community Providers of
	_New	Amend	Х	Repeal	Adopt by Reference
	bsence of the p		signific	antly harm or	endanger the public health, welfare, or
	asonable relati ty, or welfare?				power and the protection of the public
	ther, less restri NO		of regu	ılation availab	le that could adequately protect the
	oposed rule ha olved and, if so				y increasing the costs of any goods or
	ase in cost, if a				n the harm that might result from the
	ts of the rulema ect, the protect				e purpose of, and so they have, as their
concerning	the subject ma	tter of the pr	oposed	rule? N	ny litigation which the agency is a party to
economic ir accordance	mpact, the prop with subsection	oosed rule is r in (f) of Sectio	equired on 41-22	I to be accomp 2-23, Code of A	IO If the proposed rule has an panied by a fiscal note prepared in Alabama 1975.
Certification	n of Authorized	Official			
Chapter 22, the Admini		of Alabama 1 ure Division o	.975, an	d that it confo	n full compliance with the requirements of orms to all applicable filing requirements of ces Agency.
Date	9/18/20)		_	V

Alabama Department of Mental Health

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

<u>RULE NO. & TITLE:</u> 580-5-33 Administrative and Support Requirements for Community Providers of Intellectual Disabilities Services

INTENDED ACTION: Repeal

SUBSTANCE OF PROPOSED ACTION: The Developmental Disabilities Division of the Alabama Department of Mental Health proposes to amend Chapter 580-5-30, Intellectual Disabilities Services, and repeal Chapter 580-5-33, Administrative and Support Requirements for Community Providers of Intellectual Disabilities Services. These proposed changes are intended to streamline and consolidate requirements and replace language deemed outdated and inappropriate current professional standards of practice. All requirements recommended for deletion from the Administrative Code shall be adopted in ADMH Policies and/or in DDD Operational Procedures as appropriate.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Debbie Popwell, Director, Office of Certification Administration, Alabama Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130 by mail or in person or by electronic means to Debbie popwell@mh.alabama.gov until and including November 4, 2020. Persons wishing to submit data, views, or arguments orally should contact Ms. Popwell by telephone at (334) 353-

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: November 4, 2020

2069 during this period to arrange for an appointment.

CONTACT PERSON AT AGENCY:

Persons wishing a copy of the proposed may contact Debbie Popwell, Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130.

(334) 353-2069

A copy of the proposed change is available on the department's website at http://mh.alabania.gov. Click on Provider Portal and then Certification to find code with changes.

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)

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